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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	53600003		CITY OR TOW.	N HULLANI	J
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 1	64 MASHAPAUG ROA	AD, INC			
DOING BUSINESS A	TOWN CRIER TAVE	RN			
ADDRESS MASHAPA	UG RD.				
CITY/TOWN: HOLLA	AND ST	ΓΑΤΕ: MA	ZIP CODE:	01521	
MANAGER: Malburn	ne, Brenda A. TYPE OF	LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISES:				
I hereby certify and swe					
	license will be of the sar	• 1	•		
	has complied with all law		•	g to taxes; and	
3. the premises	are now open for busine	ess (If not explai	n below)		
SIGNED BY					
~	ndividual, Partner or Au	thorized Corpor	ate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, a	ittest that we are in po	ssession (1) the	certificate requ	ired by Chapt	er 304 of the
Acts of 2004, signed by	y the building inspecto	r and the head	of the fire depa	rtment for the	above
named license and (2) of 2010.	the certificate of liquo	r liability insur	ance required b	y Chapter 116	of the Acts
Please Check Below:			LOCAL LICE	NCING AUTU	ODITV
APPROVED:			By:	NSING AUTH	OKITI
DISAPPROVED:			27.		
(If disapproved explain)	ı				
D 4 777					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 053600004		CITY OR TOWN HOLLAN	ID
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		OD & GUN CLUB, INC.		
CITY/TOWN:		STATE: MA	ZIP CODE: 01521	
MANAGER:		TYPE OF LICENSE: Clu		: All Alcohol
EMAIL ADDR	RESS:			
ONE BUILDIN I hereby certify 1. the 2. the	and swear under pena renewed license will b licensee has complied	REE EXITS,TWO BATHI alties of perjury that: e of the same type for the	same premises now licensed; nonwealth relating to taxes; and tin below)	I
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the buildin	g inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 1	e above
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	53600006		CITY OR TOWN	HOLLAND	
APPLICATION FOR F	ENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: I	DAVID L HANSE	N			
DOING BUSINESS A	NEW HOLLANI) MARKET			
ADDRESS 130 MASH	APAUG				
CITY/TOWN: HOLL	AND	STATE: MA	ZIP CODE:	01521	
MANAGER: HANSE L.	EN, DAVID TY	PE OF LICENSE:Pac	kage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
PLI	CASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:			
CONSISTING OF ONI STORAGE AND CON			ROOM WITH BAS	EMENT FOR	
3. the premises	are now open for	a all laws of the Comn business (If not expla	in below)		
•	norvioudi, i urmer	or radionized corpo	ruic Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED:				ING AUTHORITY	
DISAPPROVED:			By:		
(If disapproved explain)				
DATE:					

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 053600009		CITY OR TOWN	HOLLAND
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: IOAKIM ME	RTZANIS		
DOING BUSIN	NESS A 4 CORNERS	S PACKAGE STORE		
ADDRESS 3 E	BRIMFIELD RD.			
CITY/TOWN:	HOLLAND	STATE: MA	ZIP CODE:	01521
MANAGER:	MERTZANIS, IOAKIM	TYPE OF LICENSE:P	ackage Store C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
3. the SIGNED BY		en for business (If not exp		
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Belo APPROVED:			LOCAL LICENS By:	SING AUTHORITY
DISAPPROVE (If disapproved				
. 11	. ,			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILEI	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	53600010		CITY OR TOWN HOLLAND	J
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS 2 MASHAI		CLINIC & TIRE CE	ENTER, INC.	
CITY/TOWN: HOLL	AND	STATE: MA	ZIP CODE: 01521	
MANAGER: ACHI, I	ROBERT G. TYP	PE OF LICENSE: Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLE DESCRIPTION OF LIG		EBSITE AND ENTER YOUR EN	AAIL ADDRESS	
2. the licensee 3. the premises SIGNED BY	license will be of thas complied with are now open for	the same type for the		
	narviduar, i artiici	or rumorized corpe	ruc Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICENSING AUTH By:	ORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 053600011		CITY OR TOWN HOLLAN	D
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N	AME: IOAKIM M	IERTZANIS		
DOING BUSI	NESS A HOLLAN	D PIZZA		
ADDRESS 00	0005A BRIMFIELD	ROAD		
CITY/TOWN	: HOLLAND	STATE: MA	ZIP CODE: 01521	
MANAGER:	MERTZANIS, IOAKIM	TYPE OF LICENSE: R	Restaurant CATEGORY:	Wine and Malt Regular
EMAIL ADD	RESS:			
DESCRIPTIO	PLEASE ALSO VIS ON OF LICENSED F	IT OUR WEBSITE AND ENTER YOUR PREMISES:	EMAIL ADDRESS	
I hereby certif	y and swear under po	enalties of perjury that:		
•	•		he same premises now licensed;	
2. the	licensee has compli	ed with all laws of the Cor	mmonwealth relating to taxes; and	
3. the	premises are now of	pen for business (If not exp	plain below)	
SIGNED BY		Partner or Authorized Cor	rnorata Officar	
	murviduai,	ratuel of Authorized Col	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	TEEL	A HONE WOMBER.	(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the build	ding inspector and the he	the certificate required by Chap ead of the fire department for the surance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROV. (If disapprove				
(II disapprove	a enpium,			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FII	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)